

**DECLARATION FOR UTILITY
OR DESIGN PATENT
APPLICATION (37 CFR 1.63)**

☒ Declaration
Submitted With
Initial Filing

☐ Declaration
Submitted After
Initial Filing

Attorney Docket No.

MCI-004.1

First Named Inventor

Gray

COMPLETE IF KNOWN

Application Number

09/937,592

Filing Date

September 27, 2001

Group Art Unit

1712

Examiner Name

Metzmaier, Daniel S.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ALKANOLAMIDE SURFACTANT EMULSIONS AND PROCESS THEREFOR

the specification of which:

☐ is attached hereto:

☒ was filed on April 14, 2000 as United States Application Number or PCT International Application Number PCT/US00/09927

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

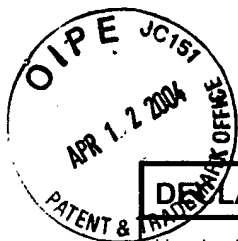
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign applications(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES NO	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below

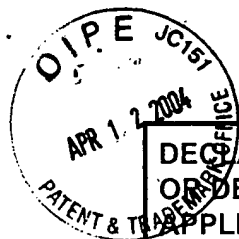
Application Number(s) 60/287,754	Filing Date (MM/DD/YYYY) 14/04/1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supple- mental priority data sheet attached hereto
---	---	--



DECLARATION -		UTILITY or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.				
U.S. Patent Application or PCT Parent Number	Parent Patent Number (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto				
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute the application and to transact all business connected therewith in the Patent and Trademark Office				
<input type="checkbox"/> Customer Number _____ or <input checked="" type="checkbox"/> Registered Practitioner(s) name/registration numbers listed below				
Name	Registration Number	Name	Registration Number	
Arne M. Olson	30,203	Michael A. Hierl	29,807	
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818	
Seymour Rothstein	19,369	Daniel J. Deneufbourg	33,675	
<input checked="" type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto.				
Direct all correspondence to: Customer Number _____ or <input checked="" type="checkbox"/> Correspondence address below				
Name: Dolores T. KENNEY OLSON & HIERL, LTD.				
Address: 20 North Wacker Drive, 36 th Floor				
City: Chicago	State: IL	Zip: 60606		
Country: US	Telephone: (312) 580-1180	Fax: (312) 580-1189		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family name or Surname		
JOHN		GRAY		
Inventor's Signature <i>John Gray</i>		Date 3/31/04		
Residence	City: Round Rock	State: TX	Country: US	Citizenship: GB
Post Office Address: 8420 Sea Ash Circle				
City: Round Rock		State: TX	Zip: 78681	Country: US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheets(s) attached here.				



DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1	
I hereby claim the benefit under				
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)			Family name or Surname	
EUGENE			D'AVERSA	
Inventor's Signature			Date:	
Residence	City: Blue Island	State: IL	Country: US	Citizenship: US
Post Office Address: 1949 Vermont Street				
City: Blue Island		State: IL	Zip: 60406	Country: US
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)			Family name or Surname	
Inventor's Signature			Date:	
Residence	City:	State:	Country:	Citizenship:
Post Office Address:				
City:		State:	Zip:	Country:
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)			Family name or Surname	
Inventor's Signature			Date:	
Residence	City:	State:	Country:	Citizenship:
Post Office Address:				
City:		State:	Zip:	Country:



**DECLARATION FOR UTILITY
OR DESIGN PATENT
APPLICATION (37 CFR 1.63)**

☒ Declaration
Submitted With
Initial Filing

☐ Declaration
Submitted After
Initial Filing

Attorney Docket No.

MCI-004.1

First Named Inventor

Gray

COMPLETE IF KNOWN

Application Number

09/937,592

Filing Date

September 27, 2001

Group Art Unit

1712

Examiner Name

Metzmaier, Daniel S.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ALKANOLAMIDE SURFACTANT EMULSIONS AND PROCESS THEREFOR

the specification of which:

☐ is attached hereto:

☒ was filed on April 14, 2000 as United States Application Number or PCT International Application Number PCT/US00/09927

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign applications(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supple- mental priority data sheet attached hereto
60/287,754	14/04/1999	

DECLARATION -		UTILITY or Design Patent Application	
<p>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of the application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>			
U.S. Patent Application or PCT Parent Number	Parent Patent Number (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto			
<p>As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute the application and to transact all business connected therewith in the Patent and Trademark Office</p>			
<input type="checkbox"/> Customer Number _____ or <input checked="" type="checkbox"/> Registered Practitioner(s) name/registration numbers listed below			
Name	Registration Number	Name	Registration Number
Arne M. Olson	30,203	Michael A. Hierl	29,807
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Seymour Rothstein	19,369	Daniel J. Deneufbourg	33,675
<input checked="" type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto.			
Direct all correspondence to: Customer Number _____ or <input checked="" type="checkbox"/> Correspondence address below			
Name: Dolores T. KENNEY OLSON & HIERL, LTD.			
Address: 20 North Wacker Drive, 36 th Floor			
City: Chicago	State: IL	Zip: 60606	
Country: US	Telephone: (312) 580-1180	Fax: (312) 580-1189	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)		Family name or Surname	
JOHN		GRAY	
Inventor's Signature			Date
Residence	City: Round Rock	State: TX	Country: US
Post Office Address: 8420 Sea Ash Circle			
City: Round Rock		State: TX	Zip: 78681
		Country: US	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheets(s) attached here.			

DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1	
I hereby claim the benefit under				
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)			Family name or Surname	
EUGENE			D'AVERSA	
Inventor's Signature <i>Eugene D'aversa</i>			Date: <i>4/2/04</i>	
Residence	City: Blue Island	State: IL	Country: US	Citizenship: US
Post Office Address: 1949 Vermont Street				
City: Blue Island		State: IL	Zip: 60406	Country: US
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)			Family name or Surname	
Inventor's Signature			Date:	
Residence	City:	State:	Country:	Citizenship:
Post Office Address:				
City:		State:	Zip:	Country:
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)			Family name or Surname	
Inventor's Signature			Date:	
Residence	City:	State:	Country:	Citizenship:
Post Office Address:				
City:		State:	Zip:	Country:

